•	•			16/	60	63 <u>3.</u>	24	4_	101	16	20	άY	
PATENT APPLICATION FEE DETERMINATION RECORD										olication or Oocket Number			
Effective January 1, 2003								10067,722-					
Γ	CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL E	MITTY	OR	OTHER	THAN	1
Ŧ	OTAL CLAIMS		C				Ī	PATE	FEE		RATE	FEE	ł
FOR			NUMBER FILED		NUMBER EXTRA			BABIC FE	375.00	OA	BASIC FEE	750.00	1
řζ	OTAL CHARGEABLE CLAIMS		R minus 20=		· 4		_	- X\$-83	1	OR	X\$18=		
INDEPENDENT CLAIMS			9 minus 3 •		· c		-	X42=	1	OR	X84=		1
MULTIPLE DEPENDENT CLAIM P			RESENT							1			ł
-#	f theydifference	in column 1 is	less than zero, enter "0" in o			column 2	Į	+140=	-	OR	+280=		ł
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	THAN	ł
_	1'	(Column 1)		(Cotur	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL		
ENTA	•*	REMAINING AFTER AMENDMENT		NUM NUM PREVIO PAIO	BER	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENT	Total	. 82	Minus	- 8	ξO	-2	Ī	X3 9=	1.55	OR	X\$18=	36	1
AME	Independent	. 4	Minus	´	3	- /	ı	X42=		OR	X84=	0/0	i
Ľ	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		h	+140=	 		+280±	04	l
	117						L	TOTAL	ļ	ОЯ	TOTAL	ועזו	Do
ħ,	122/04	(Column 3)	4	DOIT, FEE	L	OR	ADDIT. FEE	106	ľ ·				
6		(Column 1) Claims Remaining		(Colum High	EST	PRESENT	Г		ADDI-	1		ADDI-	1
AMENDMENT		AFTER AMENDMENT		PREVIO	XUSLY	EXTRA		PATE	TIONAL FEE		RATE	TIONAL.	
Ş	Total	1-12	Minus	-2	2		١	X\$ 9≖		OR	X\$18=		
¥.	Independent	NTATION OF W	H TIDLE OC	L	<u> </u>	-	Γ	X42=		OR	X84±		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140 -		ÓR	+280×		
								TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
ပ		CLAIMS REMAINING		HIGH	SER	PRESENT	Γ		ADDI-			ADDi-	l
Ě		AFTER AMENDMENT		PREVIO PAID I		EXTRA	L	RATE	TIONAL		PATE	TIONAL FEE	
AMENDMENT	Total	•	Minus	-		-		X\$ 9-		OR	X\$18=		
AR	Independent	MTATION OF **	Mirus	##4	Ct ales	ليظ		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=			+280=		
if the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OB	TOTAL		
-	A Bus J. Hickory Mr	mber Previously Pa mber Previously Pai mber Previously Pai	dd Far' IN THI	9 SPACE &	less the	1 3. enter "3."		OTT. FEE		OR	NOOT, FEE		ł
													l
FORM	PTO-875 (Nov. 1)	202) 1.3.6	overmore Porting	(MON 5000)-	499-46477	D11 I	-	and Traden	nani Office, U	\$ DEP	ARTHENT OF	COMMERCE	•